



IDAHO DEPARTMENT OF
HEALTH & WELFARE

FILE COPY

C. L. "BUTCH" OTTER, GOVERNOR
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January 22, 2010

Kathy Prophet
Preferred Community Homes - Cougar Creek
7091 West Emerald Street
Boise, ID 83704

RE: Preferred Community Homes - Cougar Creek, provider #13G037

Dear Ms. Prophet:

This is to advise you of the findings of the Medicaid/Licensure survey of Preferred Community Homes - Cougar Creek, which was conducted on January 11, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

Kathy Prophet
January 22, 2010
Page 2 of 2

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 4, 2010**, and keep a copy for your records.

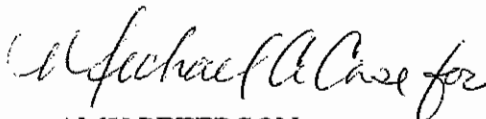
You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by February 4, 2010. If a request for informal dispute resolution is received after February 4, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



AMY PETERSON
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

AP/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/21/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2010
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COUGAR CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 1230 EAST COUGAR CREEK MERIDIAN, ID 83642	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during the annual recertification survey. The survey was conducted by: Amy Petersen, QMRP, Team Leader Monica Williams, QMRP Common abbreviations/symbols used in this report are: BSP - Behavior Support Plan HRC - Human Rights Committee IDT - Interdisciplinary Team Mandt - A behavior intervention system NOS - Not Otherwise Specified OCD- Obsessive Compulsive Disorder PCLP - Person Centered Lifestyle Plan QMRP - Qualified Mental Retardation Professional RSC - Resident Service Coordinator	W 000	<p>"Preparation and implementation of this plan of corrections does not constitute admission or agreement by Cougar Creek with the facts, findings, or other statements as alleged by the State agency dated February 23, 2009. Submission of this plan of correction is required by law and does not evidence the truth of any of the findings as stated by the survey agency. Cougar Creek specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action."</p> <p>RECEIVED</p> <p>FEB 08 2010</p> <p>FACILITY STANDARDS</p>	
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure behavioral assessments contained comprehensive information for 3 of 3 individuals (Individuals #1, #2, and #3) whose behavioral assessments were reviewed. This resulted in a lack of information on which to base program intervention decisions. The findings include: 1. Individual #1's PCLP, dated 4/14/09, stated he	W 214		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 214	<p>Continued From page 1</p> <p>was a 56 year old male whose diagnoses included moderate mental retardation, major depression, intermittent explosive disorder, obsessive compulsive disorder, and seizure disorder.</p> <p>a. An Incident Report, dated 8/8/09, showed Individual #1 touched Individual #4's "private area." However, Individual #1's Behavioral Assessment, dated 4/13/09, stated "[Individual #1] has exhibited some sexually inappropriate behavior in the past. On 3-23-07, [Individual #1] was seen by another resident trying to be inappropriate with one of the other residents. The behavior was interrupted before any physical contact took place. Three to four years prior to this incident, [Individual #1] was found to be kneeling beside a peer's bed. The other peer in question was lying on the bed on his back."</p> <p>Individual #1's Behavioral Assessment, dated 4/13/09, was not updated to reflect Individual #1's most recent incident involving Individual #4. When asked, the QMRP stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., Individual #1's Behavior Assessment needed to be updated.</p> <p>b. An Incident Report, dated 11/8/09, showed Individual #1 eloped (left the facility without staff). Additionally, during an environment review on 1/5/09 from 12:45 - 2:00 p.m., it was noted there was no screen on Individual #1's bedroom window.</p> <p>When asked, the RSC, who was present during the review, stated Individual #1 recently began eloping from the facility through his bedroom window. However, Individual #1's Behavioral</p>	W 214	<p>W 214 483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>W214 Individual's 1 and 2 s Behavioral Assessments will be revised to contain comprehensive and accurate information with regards to each individual's function of behaviors. In addition all other individuals Behavior Assessments will be revised to contain comprehensive and accurate information on their Behavioral Assessments. Also a behavioral Core Team Meeting will be held quarterly to ensure all information is updated and accurate on all individual's behavior assessments from this point forward.</p> <p>Completed by- Individual 1 and 2s Behavioral assessments will be revised by 3-4-2010 All other individuals will be revised by 4-4-2010 Monitored- Quarterly Person Responsible- QMRP, and PCH Behavioral Specialist</p>	

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W 214	<p>Continued From page 2</p> <p>Assessment, dated 4/13/09, was not updated to reflect his eloping behavior.</p> <p>c. Individual #1's Behavioral Assessment, dated 4/13/09, showed he engaged in the following maladaptive behaviors:</p> <ul style="list-style-type: none"> - Hurtful to others (defined as hitting, kicking, biting, pulling hair, grabbing, and scratching). - Property destruction (defined as hitting the wall causing damage to the wall, and ripping his clothing). - Uncooperative behavior (defined as general non-compliance of refusing to follow requests to participate in tasks and activities). - Socially offensive behaviors (defined as spitting, swearing, threatening others, and calling people names). - Disruptive behavior (defined as yelling, screaming and slamming doors and hitting walls not causing damage). - OCD behavior (defined as fixating on family visits, family letters, picking shrubs and flowers, and teasing peers). <p>His Assessment stated "[Individual #1's] behaviors...appear to relate to either attention-seeking...or escape motivated."</p> <p>The Assessment did not clearly identify the function of each maladaptive behavior or how the behavior differed depending on its function. Further, the Assessment did not identify the potential causes that continued to elicit and</p>	W 214			

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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COUGAR CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 1230 EAST COUGAR CREEK MERIDIAN, ID 83642
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W 214	<p>Continued From page 3</p> <p>sustain the maladaptive behaviors.</p> <p>When asked, the QMRP stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., Individual #1's Behavior Assessment needed to be revised.</p> <p>2. Individual #2's PCLP, dated 8/12/09, documented a 22 year old male diagnosed with mild mental retardation, disruptive disorder NOS, bipolar disorder, obsessive compulsive disorder, and seizure disorder.</p> <p>His Behavioral Assessment, dated 8/10/09, showed he engaged in the following maladaptive behaviors:</p> <ul style="list-style-type: none"> - Hurtful to others (defined as hitting, kicking, and striking with objects and threatening to hit by raising his fist as if to strike). - Property destruction (defined as hitting, kicking and throwing things). - Socially offensive behavior (defined as telling people to shut up or to get out, swearing, teasing, invading others' personal space, verbally threatening violence, physical harm or death, and prank calls or letters to strangers). - Uncooperative behavior (defined as non-compliance and attempting to elope by leaving the facility without staff). <p>Individual #2's Assessment stated the above noted maladaptive behaviors "appear to be either a means of communicating the need for attention or a means to gain power and control by manipulating others."</p>	W 214		

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W 214	<p>Continued From page 4</p> <p>The Assessment did not clearly identify the function of each maladaptive behavior or how the behavior differed depending on its function. Further, the Assessment did not identify the potential causes that continued to elicit and sustain the maladaptive behaviors.</p> <p>When asked, the QMRP stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., Individual #2's Behavior Assessment needed to be revised.</p> <p>3. Individual #3's PCLP, dated 4/14/09, documented a 22 year old male diagnosed with mild mental retardation, intermittent explosive disorder, and seizure disorder.</p> <p>His Behavioral Assessment, dated 5/18/09, showed he engaged in the following maladaptive behaviors:</p> <ul style="list-style-type: none"> - Hurtful to others (defined as hitting, kicking, choking, and striking with objects). - Property destruction (defined as hitting, kicking and throwing things at walls, and breaking windows). - Hurtful to self (defined as wrapping cords around his neck, hitting self, head banging, and stabbing self with objects). - Uncooperative behavior (defined as elopement). <p>Individual #3's Assessment stated the above noted maladaptive behaviors "tend to be related to not getting his way."</p>	W 214			

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W 214	Continued From page 5 The Assessment did not identify the potential causes that continued to elicit and sustain the maladaptive behaviors. When asked, the QMRP stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., Individual #3's Behavior Assessment needed to be revised.	W 214			
W 227	The facility failed to ensure behavioral assessments were adequately developed for Individuals #1 - #3. 483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure the IPP included objectives to meet the needs for 1 of 2 individuals (Individual #1) whose IPP was reviewed. This resulted in a lack of program plans designed to address the behavioral needs of an individual. The findings include: 1. Individual #1's PCLP, dated 4/14/09, stated he was a 56 year old male whose diagnoses included moderate mental retardation, major depression, intermittent explosive disorder, obsessive compulsive disorder, and seizure disorder. An Incident Report, dated 8/8/09, showed	W 227	W 227 483.440(c)(4) INDIVIDUAL PROGRAM PLAN W227 Individual #1's behavioral objectives will be revised to include inappropriate sexual behavior and elopement. All other individual's objectives will be reviewed to ensure their objectives meet their needs. Completed by 4-4-2010 Monitored- monthly and as needed Person Responsible- QMRP		

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W 227	Continued From page 6 Individual #1 touched Individual #4's "private area." A second Incident Report, dated 11/8/09, showed Individual #1 eloped (left the facility without staff). Additionally, during an environment review on 1/5/09 from 12:45 - 2:00 p.m., it was noted there was no screen on Individual #1's bedroom window. When asked, the RSC, who was present during the review, stated Individual #1 recently began eloping from the facility through his bedroom window. However, Individual #1's PCLP did not include objectives to address his sexually inappropriate behavior or elopement. When asked, the QMRP stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., Individual #1 did not have objectives to address those needs. The facility failed to ensure objectives related to inappropriate sexual behavior and elopement were developed for Individual #1.	W 227			
W 234	483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure clear direction to staff was provided in each written training program for 2 of 3 individuals (Individuals #2 and #3) whose behavior support plans were reviewed. This resulted in a lack of instructions to staff being included in individuals' programs. The findings include: 1. Individual #2's PCLP, dated 8/12/09, documented a 22 year old male diagnosed with	W 234			

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W 234	<p>Continued From page 7</p> <p>mild mental retardation, disruptive disorder NOS, bipolar disorder, obsessive compulsive disorder, and seizure disorder.</p> <p>His BSP, dated 7/10/09, included the following objectives:</p> <ul style="list-style-type: none"> - Socially offensive behavior (defined as telling people to shut up or get out, swearing, teasing others, invading others' personal space, verbally threatening violence, physical harm or death, and making prank calls or writing letters to strangers). - Elopement (defined as attempting to leave the property without staff). <p>However, his BSP did not contain instructions to staff on what to do when he engaged in socially offensive and elopement behaviors.</p> <p>When asked, the QMRP stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., Individual #2's BSP should contain instructions to staff; it was an oversight.</p> <p>2. Individual #3's PCLP, dated 4/14/09, documented a 22 year old male diagnosed with mild mental retardation, intermittent explosive disorder, and seizure disorder.</p> <p>His record contained an addendum to his PCLP, dated 6/8/09, which stated "[Individual #3] has been observed in the past to have suicidal ideations where he states that he wants to die or is going to kill himself. Typically this occurs when he is in full blown behavior trying to physically assault staff and other clients; which can go on for hours. He has displayed behaviors that are harmful to himself after making comments that he wants to die or is going to kill himself. Some of</p>	W 234	<p>W 234 483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN</p> <p>W234 Individual #2's BSP has been revised to include instructions to staff on what to do when he engages in socially offensive behaviors and elopement behaviors. Individual #3's Suicide Threat Guidelines have been revised to contain clear and specific instructions to staff on how to intervene during suicidal ideation. All clients with suicidal ideation have had their Suicide Threat Guidelines revised to contain clear and specific instructions to staff on how to intervene during suicidal ideation.</p> <p>Completed by 2-3-2010 Monitored-monthly and as needed Person Responsible-QMRP</p>		

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W 234	<p>Continued From page 8</p> <p>the behaviors that [Individual #3] has displayed after making such comments have been to tie cords around his neck, wrapping a shirt around his neck, putting a hanger around his neck, and drinking toxic chemicals such as shampoo and household cleaners."</p> <p>Individual #3's Suicide Threat Guidelines, dated 6/8/09, contained the same historical information listed on the addendum and stated if Individual #3 stated he was going to kill himself or wanted to die or displayed any ideation that he wanted to die, staff were to immediately call the administrator and complete an incident report.</p> <p>However, the facility's Procedure for Resident Suicide Guideline [sic], dated 6/12/09, stated that for individuals with a history of suicidal ideation, their suicide guidelines were to include instructions to staff related to the individual's history of suicidal ideation, items that needed to be removed from their room and what to do with those items, instructions on how to conduct a body search and what to do with those items found on the person, instructions on how to complete an inventory in the event items were removed from the room or person, and instructions on how to prevent further access to potentially dangerous items.</p> <p>When asked about the discrepancies between the facility's procedure and Individual #3's guidelines, the QMRP stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., Individual #3's Suicide Threat Guidelines needed to be revised.</p> <p>The facility failed to ensure training plans were sufficiently developed and contained specific</p>	W 234			

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W 234	Continued From page 9	W 234			
W 239	<p>instructions to staff on how to implement those plans for Individuals #1 - #3.</p> <p>483.440(c)(5)(vi) INDIVIDUAL PROGRAM PLAN</p> <p>Each written training program designed to implement the objectives in the individual program plan must specify provision for the appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure appropriate replacement behaviors were identified and incorporated into the behavior management programs for 3 of 3 individuals (Individuals #1, #2, and #3) whose behavior assessments and behavior management programs were reviewed. This resulted in individuals not receiving appropriate training to replace their maladaptive behaviors. The findings include:</p> <p>1. Individual #1's PCLP, dated 4/14/09, stated he was a 56 year old male whose diagnoses included moderate mental retardation, major depression, intermittent explosive disorder, obsessive compulsive disorder, and seizure disorder.</p> <p>Individual #1's Behavioral Assessment, dated 4/13/09, showed he engaged in six maladaptive behaviors and stated the function of them "...appear to relate to either attention-seeking...or escape motivated."</p>	W 239	<p>W 239 483.440(c)(5)(vi) INDIVIDUAL PROGRAM PLAN</p> <p>W239 Individual #1, 2 and 3's Behavior Management Plan and Behavioral Assessment will both be revised to ensure Individual #1's replacement behavior training plans work in conjunction with his maladaptive behaviors. All individual's behavior management plans and their behavioral assessments will be revised to ensure that all individual's replacement behaviors and training plans work in conjunction with their maladaptive behaviors. In addition a behavioral Core Team Meeting will be held quarterly to ensure all information is updated and accurate on all individual's behavior assessments from this point forward.</p> <p>Completed by- Individual 1 and 2s Behavioral assessments will be revised by 3-4-2010 All other individuals will be revised by 4-4-2010 Monitored- Quarterly Person Responsible- QMRP, and PCH Behavioral Specialist</p>		

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W 239	<p>Continued From page 10</p> <p>Individual #1's record contained an addendum to his PCLP, dated 11/2/09, which stated he had recently shown an increase in maladaptive behavior and a coping skills program was being added to his PCLP.</p> <p>The Coping Skills program, dated 11/2/09, stated "When [Individual #1] begins to display anger, sadness, or an increase in maladaptive behavior, please run this program..." Anger, sadness and maladaptive behavior were not defined.</p> <p>Further, the program included a coping skill titled "Diversion Techniques." Diversion techniques were defined as positive activities that "...are used to assist with diverting attention away from an event or situation that is causing the negative emotion rather than dwelling on it and becoming more symptomatic." The activities included writing a letter or coloring a picture for his brother, watching television, playing a game, listening to music, and participating in a craft.</p> <p>When asked how the diversion activities related to the function of attention or escape, the QMRP stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., they were not related and the replacement behavior needed to be revised.</p> <p>2. Individual #2's PCLP, dated 8/12/09, documented a 22 year old male diagnosed with mild mental retardation, disruptive disorder NOS, bipolar disorder, obsessive compulsive disorder, and seizure disorder.</p> <p>His Behavioral Assessment, dated 8/10/09, stated he was able to verbally communicate his wants and needs and express his opinions. The Assessment listed 4 maladaptive behaviors and stated the function of them "appear to be either a</p>	W 239			

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W 239	<p>Continued From page 11</p> <p>means of communicating the need for attention or a means to gain power and control by manipulating others."</p> <p>However, Individual #2's BSP, dated 7/10/09, stated "[Individual #2] expresses his attitudes, interests, and needs without difficulty. His BSP showed the replacement behavior for each of the maladaptive behaviors was related to using communication strategies to gain attention.</p> <p>When asked how communication was related to his need for attention and power and control given his ability to communicate, the QMRP stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., they were not related and the replacement behavior needed to be revised.</p> <p>3. Individual #3's PCLP, dated 4/14/09, documented a 22 year old male diagnosed with mild mental retardation, intermittent explosive disorder, and seizure disorder.</p> <p>His Behavioral Assessment, dated 5/18/09, listed 4 maladaptive behaviors and stated the function of them "tend to be related to not getting his way."</p> <p>However, Individual #3's BSP, dated 7/10/09, stated "[Individual #3] expresses his attitudes, interests, and needs without difficulty. His BSP showed the replacement behavior for each of the maladaptive behaviors was to "walk away" from the situation before becoming frustrated.</p> <p>When asked how walking away was related to his need for "getting his way," the QMRP stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., they were not related and the replacement behavior needed to be revised.</p>	W 239			

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W 239	Continued From page 12	W 239			
W 262	<p>The facility failed to ensure replacement behavior programs related to maladaptive behavior were adequately developed for Individuals #1 - #3.</p> <p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs designed to manage sleep behavior were implemented only with the approval of the human rights committee for 1 of 2 individuals (Individual #2) whose behavior modifying drugs were reviewed. This resulted in a lack of protection of an individual's rights through prior approvals of restrictive interventions. The findings include:</p> <p>1. Individual #2's PCLP, dated 8/12/09, documented a 22 year old male diagnosed with mild mental retardation, disruptive disorder NOS, bipolar disorder, obsessive compulsive disorder, and seizure disorder.</p> <p>His medical record showed that as of 8/28/07, he routinely received Melatonin (an herbal supplement) 3 mg each evening for sleep disturbance. However, his record contained no evidence of HRC approval for the use of the drug.</p> <p>When asked, the QMRP stated during an</p>	W 262	<p>W 262 483.440(f)(3)(i) PROGRAM MONITORING & CHANGE</p> <p>W262 HRC approval has been obtained for individual #2's Melatonin. All individual's consents will be reviewed to ensure that all consents have received HRC approval. All individual's consents along with medication reduction plans will now be reviewed quarterly in pre-psych meetings.</p> <p>Completed by 4-4-2010 Monitored- Quarterly Person Responsible- QMRP</p>		

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W 262	Continued From page 13 interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., HRC approval was not obtained for the use of the drug.	W 262			
W 263	The facility failed to ensure HRC approval was obtained for the use of Melatonin for Individual #2. 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs designed to manage sleep behavior were implemented only with the approval of the legal guardian for 1 of 2 individuals (Individual #2) whose behavior modifying drugs were reviewed. This resulted in a lack of protection of an individual's rights through prior approvals of restrictive interventions. The findings include: 1. Individual #2's PCLP, dated 8/12/09, documented a 22 year old male diagnosed with mild mental retardation, disruptive disorder NOS, bipolar disorder, obsessive compulsive disorder, and seizure disorder. His medical record showed that as of 8/28/07, he routinely received Melatonin (an herbal supplement) 3 mg each evening for sleep disturbance. However, his record contained no evidence of guardian consent for the use of the	W 263	W 263 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE W263 Guardian consent has been obtained for individual #2's Melatonin. All individual's consents will be reviewed to ensure that all consents have guardian approval. All individual's consents along with medication reduction plans will now be reviewed quarterly in pre-psych meetings. Completed by 4-4-2010 Monitored- Quarterly Person Responsible- QMRP		

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W 263	Continued From page 14 drug. When asked, the QMRP stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., guardian consent was not obtained for the use of the drug. The facility failed to ensure guardian consent was obtained for the use of Melatonin for Individual #2.	W 263			
W 264	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. This STANDARD is not met as evidenced by: Based on review of the facility's behavior policy and staff interview, it was determined the facility failed to ensure the Human Rights Committee sufficiently monitored the facility's policy related to restrictive practices that had the potential to effect 4 of 4 individuals (Individuals #1 - #4) residing at the facility. This resulted in the potential for individuals' rights to be violated. The findings include: 1. The facility's policy titled Behavior Method Hierarchy and Definitions, dated 8/29/09, contained several restrictive interventions including, but not limited to, the following:	W 264	W 264 483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE W264 Preferred Community Homes HRC Committee will review the Preferred Community Homes Behavior Policy related to restrictive practices. In addition this policy will continue to be reviewed quarterly or whenever a revision is made to the actual policy itself by the HRC Committee. Completed by 4-4-2010 Monitored- Quarterly and as needed Person Responsible- HRC Chairman- Torrey Bollinger		

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W 264	<p>Continued From page 15</p> <ul style="list-style-type: none"> - "Taking Away of Privileges: to restrict someone's earned privileges in response to inappropriate behavior." - "Personal Room Searches: includes the physical search for items that are not the client's own in the client's personal area, belongings, or clothing. A personal search may include a body search (being 'pat [sic] down' and asked to empty pockets)." - "Facility Restriction: to restrict someone to a certain place as a consequence or as a protective measure when a client has been assessed to be at a current high-risk to sexually re-offend." - "Restitution: the restoring to the rightful owner of something that has been taken away, lost, or surrendered." - "Mechanical restraints: is any mechanical device, material, or equipment attached or adjacent to the individual's body that he/she cannot remove easily and that restricts freedom of movement or normal access to his/her body." <p>The policy stated "This policy will be reviewed by the Human Rights Committee and revised as appropriate."</p> <p>When asked how often the facility's HRC reviewed the policy, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the HRC had not reviewed the policy. When asked, the Behavior Specialist could not recall the last time the HRC reviewed the behavior policy.</p>	W 264			

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W 264	Continued From page 16	W 264			
W 274	<p>The facility failed to ensure the Human Rights Committee sufficiently monitored the facility's policy related to restrictive practices.</p> <p>483.450(b)(1) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The facility must develop and implement written policies and procedures that govern the management of inappropriate client behavior.</p> <p>This STANDARD is not met as evidenced by: Based on review of the facility's behavior policy and staff interview, it was determined the facility failed to ensure the behavior policy was sufficiently developed to govern the management of maladaptive behaviors that had the potential to effect 4 of 4 individuals (Individuals #1 - #4) residing in the facility. This resulted in a lack of sufficient procedures by which to develop behavior support plans. The findings include:</p> <p>The facility's policy titled Behavior Method Hierarchy and Definitions, dated 8/29/09, was reviewed and included the following:</p> <p>a. Under the section titled Policy, it stated "When making a determination to whether a formal behavioral support program is implemented, all the following factors will be considered: Baseline data of maladaptive behavior, Historical maladaptive behavior, (and) Potential environmental and medical factors for the maladaptive behavior."</p> <p>The policy did not include procedures related to the analyses of all potential causes of maladaptive behavior.</p>	W 274	<p>W 274 483.450(b)(1) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>W274 Preferred Community Homes Administrative Team including the Behavioral Specialist will review and revise the Behavioral Method Hierarchy and Definitions Policy to ensure that is sufficiently developed and implemented. In addition this policy will also be reviewed by Preferred Community Homes HRC committee quarterly or whenever a revision is made to the actual policy itself.</p> <p>Completed by 4-4-2010 Monitored- Quarterly and as needed Person Responsible- Preferred Community Homes Administrative Team and the HRC Chairman-Torrey Bollinger</p>		

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W 274	<p>Continued From page 17</p> <p>b. Under the section titled Procedure, it stated "Behavior Modification Programs are implemented at the recommendation of the IDT Team, after review of baseline data."</p> <p>The policy did not identify how long baseline data was to be collected prior to the IDT's recommendation to implement a program. When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., baseline data was collected for 30 days.</p> <p>The policy did not identify at what point a behavioral assessment would be conducted prior to implementing a program. When asked, the Behavior Specialist stated initial behavior assessments were completed using only historical information, and after the 30 day baseline data was collected, assessments were then updated if needed.</p> <p>Additionally, the policy did not identify exceptions to the 30 day baseline data rule for maladaptive behavior that required intervention prior to 30 days.</p> <p>c. Under the section titled Level 4, which required HRC and guardian consent, it stated "Taking Away of Privileges: to restrict someone's earned privileges in response to inappropriate behavior."</p> <p>The policy did not clearly define "earned privilege." When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., it was like response cost.</p> <p>However, the policy included a definition of "Response Cost" which stated "a consequence procedure that involves the individual paying back</p>	W 274			

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W 274	<p>Continued From page 18</p> <p>something of value in response to engaging in the specific behavior."</p> <p>d. Under the section titled Level 4, it stated "Personal Room Searches: includes the physical search for items that are not the client's own in the client's personal area, belongings, or clothing. A personal search may include a body search (being 'pat [sic] down' and asked to empty pockets)."</p> <p>The policy did not include the conditions under which a room search and body search could be utilized.</p> <p>When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the intervention was used on an individual basis or could be used if an individual was taking another individual's personal items.</p> <p>e. Under the section titled Level 4, it stated "Facility Restriction: to restrict someone to a certain place as a consequence or as a protective measure when a client has been assessed to be at a current high-risk to sexually re-offend."</p> <p>The policy did not identify whether the restriction was time limited and what constituted a "certain place." When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the restriction was not time limited and was used on an individual basis.</p> <p>Additionally, it was unclear why the restriction was in the policy for Individuals #1 - #4 as they were not "assessed to be at a current high-risk to sexually re-offend." When asked, the Behavior Specialist stated the definition needed to be</p>	W 274			

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W 274	<p>Continued From page 19</p> <p>revised to include all individuals regardless of their maladaptive behavior.</p> <p>f. Under the section titled Level 4, it stated "Response Cost: a consequence procedure that involves the individual paying back something of value in response to engaging in the specific behavior" and "Restitution: the restoring to the rightful owner of something that has been taken away, lost, or surrendered."</p> <p>The policy did not clearly define the differences between response cost and restitution. Further, the definition of restitution did not address property destruction.</p> <p>When asked about the difference, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., response cost involved giving back tokens and restitution involved paying for an item with money.</p> <p>g. Under the section titled Level 4, it stated "Behavioral Level System: a behavior modification level system takes into account behaviors, progress toward individual goals and achievement. Individuals that are on lower levels for behavioral incidents will have certain rights restricted as specified by the individual's specific behavior support plan."</p> <p>The policy did not identify what rights could be restricted. When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the level system was no longer in use and the policy needed to be revised.</p> <p>h. Under the section titled Level 5, which required HRC and guardian consent, it stated "Protective</p>	W 274			

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W 274	<p>Continued From page 20</p> <p>Adaptive Equipment: equipment designed to protect an individual from harming himself or others. Examples: helmet for head banging, gloves for digging at skin or grabbing at others, mask for spitting."</p> <p>Under the section titled Level 5, it stated "Mechanical restraints: is any mechanical device, material, or equipment attached or adjacent to the individual's body that he/she cannot remove easily and that restricts freedom of movement or normal access to his/her body."</p> <p>The policy did not clearly define the differences between protective adaptive equipment and mechanical restraints.</p> <p>When asked about the differences, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., protective adaptive equipment could be removed by the individual at any time.</p> <p>i. Under the section titled Level 5, it stated "Supportive restraints may be utilized without prior consent in the case of an emergency, including any instance the resident is endangering themselves or others. Guardian notification is required immediately after the use of such restraints."</p> <p>The policy did not identify how many supportive restraints were allowed prior to their incorporation into a formal plan.</p> <p>When asked about the number of restraints allowed without consent, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the policy did not include that</p>	W 274			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/21/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/11/2010
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W 274	Continued From page 21 information. j. Under the section titled Level 5, it stated "Only staff members certified in MANDT may utilize supportive restraints with clients. No individual may participate in a restraint that has not completed MANDT training." The policy did not define supportive restraints. When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., supportive restraints were used by nursing personnel during medical and dental examinations. k. Under the section titled Level 6, it stated "The IDT Team will ensure that a decrease for each psychotropic medication is attempted at least annually." The policy did not address or include procedures to be followed when decreasing psychotropic medications was contraindicated for individuals. When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the policy did not include procedures to be followed when a decrease in psychotropic medication was contraindicated. The facility failed to ensure the Behavior Method Hierarchy and Definitions policy was sufficiently developed.	W 274			
W 282	483.450(b)(1)(iv)(D) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must address the application of painful or noxious stimuli.	W 282			

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W 282	Continued From page 22 This STANDARD is not met as evidenced by: Based on review of the facility's behavior policy and staff interview, it was determined the facility failed to ensure the behavior policy addressed the application of painful or noxious stimuli that had the potential to effect 4 of 4 individuals (Individuals #1 - #4) residing in the facility. This resulted in a lack of sufficient procedures by which to develop behavior support plans. The findings include: The facility's policy titled Behavior Method Hierarchy and Definitions, dated 8/29/09, stated the facility "Does not allow Aversion Therapy: involves a stimulus that the individual will actively work to avoid." The policy did not clearly define "Aversion Therapy." When asked about the definition, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the facility does not allow it. The policy did not address the use of painful or noxious stimuli. When asked, the Behavior Specialist stated the policy did not address its use.	W 282	W 282 483.450(b)(1)(iv) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR W282 Preferred Community Homes Administrative Team including the Behavioral Specialist will review and revise the Behavioral Method Hierarchy and Definitions Policy to address the use of painful or noxious stimuli. In addition this policy will also be reviewed by Preferred Community Homes HRC committee quarterly or whenever a revision is made to the actual policy itself. Completed by 4-4-2010 Monitored- Quarterly and as needed Person Responsible- Preferred Community Homes Administrative Team and the HRC Chairman-Torrey Bollinger		
W 418	483.470(b)(4)(ii) CLIENT BEDROOMS The facility must provide each client with a clean, comfortable mattress. This STANDARD is not met as evidenced by: Based on observation and individual and staff interviews, it was determined the facility failed to ensure mattresses were in good repair for 1 of 4	W 418			

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W 418	<p>Continued From page 23</p> <p>individuals (Individual #2) residing in the facility. This resulted in an individual sleeping on an uncomfortable mattress. The findings include:</p> <p>1. During environmental review on 1/5/10 from 12:45 - 2:00 p.m., Individual #2's mattress was noted to sag in the middle, and when touched by the survey team, the springs could be felt through the top of the mattress.</p> <p>Individual #2, who was present during the review, was asked about the comfort of his mattress. He proceeded to lay on his bed and stated he could feel the springs on his back. Individual #2 reported the mattress was used prior to his admission to another facility owned by the same company in 2007.</p> <p>When asked, the QMRP stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., she was not aware of the condition of Individual #2's mattress.</p> <p>The facility failed to ensure Individual #2 had a comfortable mattress.</p>	W 418	<p>W 418 483.470(b)(4)(ii) CLIENT BEDROOMS</p> <p>W418 Individual #2' will receive a new mattress, All other individuals mattresses were checked and no other complaints were made by the individuals.</p> <p>Completed by 3-4-2010 Monitored- as needed Person Responsible-RSC</p>		

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MM194	16.03.11.075.10(a) Approval of Human Rights Committee Has been reviewed and approved by the facility's human rights committee; and This Rule is not met as evidenced by: Refer to W262 and W264.	MM194	MM194 Refer to W262 and W264	
MM196	16.03.11.075.10(c) Consent of Parent or Guardian Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and This Rule is not met as evidenced by: Refer to W263.	MM196	MM196 Refer to W263	
MM380	16.03.11.120.03(a) Building and Equipment The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean and in good repair, and every reasonable precaution was taken to prevent the entrance of insects for 4 of 4 individuals (Individuals #1 - #4) residing in the facility. This resulted in the environment being kept in ill-repair. The findings include: 1. During environmental review on 1/5/10 from	MM380		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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If continuation sheet 1 of 4

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MM380	Continued From page 1 12:45 - 2:00 p.m., the following was noted: Kitchen: - Three cookie sheets contained a build up of burned-on grease. - The inside top of the microwave contained food splatters. Individual #1's Bedroom: - There was no screen on the bedroom window. Individual #2's Bedroom: - Two slats in the window blind were broken and were taped together. Medication Room: - The countertop of the medication cabinet was not secured to the cabinet or the wall, and the back-splash was missing between the countertop and wall. Third Bathroom: - There was a 1 inch by 6 inch strip of exposed dry wall on the right side of the base of the shower that was wet and contained a build-up of black matter. Additionally, there was a build-up of brown matter around the base of the shower and the shower smelled musty. - There was caulking missing from around the base of the toilet.	MM380	MM380 16.03.11.120.03(a) BUILDING AND EQUIPMENT Living Room-Kitchen-3 cookie sheets have been replaced, the inside top of the microwave has been cleaned out and disinfected. Individual #1's Bedroom- A new screen has been ordered and will be replaced on the window. Individual #2's Bedroom- The window blind will be replaced. Medication Room- The countertop and cabinet continue to be worked on by maintenance as new granite countertops were recently installed and back splash for the countertops are scheduled to be put in and the cabinet will be secured at that time. Third Bathroom- Shower is scheduled for maintenance repair as is the caulking from around the base of the toilet. Completed by 4-4-2010 Monitored- Monthly Person responsible- House RSC and PCH maintenance	
MM409	16.03.11.120.04(j)(ii) Springs and Mattress Have satisfactory springs in good repair and a clean, comfortable mattress that is standard in size for the bed. Each mattress must be rendered and maintained water repellent. This Rule is not met as evidenced by: Refer to W418.	MM409	MM409 Refer to W418	

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MM520	16.03.11.200.03(a) Establishing and Implementing policies The administrator will be responsible for establishing and implementing written policies and procedures for each service of the facility and the operation of its physical plant. He must see that these policies and procedures are adhered to and must make them available to authorized representatives of the Department. This Rule is not met as evidenced by: Refer to W274 and W282.	MM520	MM520 Refer to W274 and W282		
MM729	16.03.11.270.01(d) Treatment Plan Objectives The individual treatment plan must state specific objectives to reach identified goals. The objectives must be: This Rule is not met as evidenced by: Refer to W227.	MM729	MM729 Refer to W227		
MM730	16.03.11.270.01(d)(i) Diagnostic and Prognostic Data Based on complete and relevant diagnostic and prognostic data; and This Rule is not met as evidenced by: Refer to W214.	MM730	MM730 Refer to W214		
MM855	16.03.11.270.08(c) Training and Habilitation Record There must be a functional training and habilitation record for each resident maintained by and available to all training and habilitation staff which shows evidence of training and habilitation service activities designed to meet the objectives set for every resident.	MM855	MM855 Refer to W234 and W239		

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MM855	Continued From page 3 This Rule is not met as evidenced by: Refer to W234 and W239.	MM855			